

# Person-Centered Care Action Team

Subcommittee of the **Milwaukee Co-Occurring Competency Cadre (MC3)**

Beth Burazin  
bethannburazin@gmail.com  
Peter Hoeffel  
peterh@namigrm.org  
**Co-Chairs**

## SMART Goals

### Improve **satisfaction & recovery** outcomes

\* shared with Quality AT

- Review MHSIP & Vital Voices survey instruments to determine if enhancements are required to capture person-centered principles.
- Continue implementation of EBPs to improve the extent to which services are welcoming, person-centered, recovery oriented, trauma-informed, culturally competent & co-occurring capable; and anchor those improvements in policy & contract.
- Coordinate the activities of MC3 (Milwaukee Co-Occurring Competency Cadre) Evaluation Subcommittee with the efforts of the Redesign Quality Action Team to ensure representation of person-centered stories in quality improvement.
- Develop & implement strategies to ↑ use of self-directed recovery action plans by establishing a baseline, identifying training opportunities & measuring adoption by peers.
- Lead the integration of substance use disorder & mental health services into a co-occurring capable system by functionally integrating SAIL & Wiser Choice.

### Promote **stigma reduction**

- Develop a program to be delivered in each Supervisory District, with an evidence-based stigma reduction model & presentation by persons with lived experience with mental illness.
- Provide support & technical assistance to community efforts to reduce stigma.

### Improve the quality of the **mental health workforce**

\* shared with Workforce AT

- Develop person-centered workforce competencies that are recovery-oriented, trauma-informed, co-occurring capable & culturally competent.
- Develop & implement a plan to introduce the competencies to public and private entities.
- Develop & implement a plan to improve the quality and retention of mental health nurses.
- Establish a sustainable partnership between Milwaukee County & Medical College of WI.
- Work with representatives of underserved populations to improve the recruitment & retention of mental health professionals from those community sectors.

**Comments, Suggestions, Questions?**

*Write anywhere.*

## Relevant Progress

Developed curriculum and organized public education sessions to reduce mental health stigma (first session March 27, Districts 5 & 10)

Revised of MHSIP to be more person-centered and welcoming

Engaged of many MC3 Change Agents in redesign efforts and system improvement

High satisfaction (MHSIP scores) in Community Access to Recovery Services Division & improving scores on BHD inpatient units